



### **Application for a Change of Ownership ICF-MR Group Home**

An application for a change of ownership of an ICFMR group home should include the following items or documentation.

- Application for License to Operate a Community Residential Facility (State Form 47952)
- Assurance of Compliance (Form HHS-690) (two copies)
- Documentation of the applicant entity's registration with the Indiana Secretary of State
- Fully executed copy of the legal document for the change of ownership

If you have any questions regarding these requirements please call Provider Services at 317-233-7794 or 317-233-7613.



**APPLICATION FOR LICENSE TO OPERATE  
A COMMUNITY RESIDENTIAL FACILITY**

*(Pursuant to Community Residential Facilities Council)*

State Form 47952 (R2/12-99)

Indiana State Department of Health-Division of Long Term Care

**DIVISION OF LONG TERM CARE**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Approved by \_\_\_\_\_

**Please Print or Type**

**SECTION I - IDENTIFYING INFORMATION**

Name of applicant (*operator(s) of the facility/home*) \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip Code +4 \_\_\_\_\_

Telephone Number  
( ) \_\_\_\_\_

Fax Number  
( ) \_\_\_\_\_

EIN Number \_\_\_\_\_

Fiscal Year End Date  
(mm/dd) \_\_\_\_\_

Name of Executive Director \_\_\_\_\_

**SECTION II - TYPE OF ENTITY**

**For Profit**

- ☐ Individual  
☐ \* Partnership  
☐ \*\* Corporation  
☐ \*\*\* Limited Liability Company  
☐ Other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nonprofit**

- ☐ Church Related  
☐ Individual  
☐ \* Partnership  
☐ \*\* Corporation  
☐ \*\*\* Limited Liability Company  
☐ Other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Government**

- ☐ State  
☐ County  
☐ City  
☐ City/County  
☐ Hospital District  
☐ Federal  
☐ Other (*specify*) \_\_\_\_\_  
\_\_\_\_\_

\*If a Limited Partnership, submit a copy of the "Application For Registration" and "Certificate of Registration" signed by the Indiana Secretary of State.

\*\*If a Corporation, submit a copy of the "Articles of Incorporation" and "Certificate of Incorporation" signed by the Indiana Secretary of State. If a foreign Corporation, submit a copy of the "Certificate to do Business in the State of Indiana" signed by the Indiana Secretary of State.

\*\*\*If a Limited Liability Company, submit a copy of the "Articles of Organization" and the "Certificate of Organization" signed by the Indiana Secretary of State.

**SECTION III - RESIDENTIAL FACILITY INFORMATION**

**A. Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip Code +4 \_\_\_\_\_

Telephone Number  
( ) \_\_\_\_\_

**B. Administrator**

Name of Administrator \_\_\_\_\_

Qualifications \_\_\_\_\_

**C. Program Director**

Name of Program Director \_\_\_\_\_

Qualifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV – TYPE OF PROGRAM**

- ☐ Child Rearing with Specialized Program      ☐ Child Rearing      ☐ Intensive Training (IT)
- ☐ Sheltered Living (SL)      ☐ Basic Developmental (BD)      Number of Residents \_\_\_\_\_
- ☐ Small Behavior Management Residence for Children

**SECTION V – TYPE OF APPLICATION**

Building Type:      ☐ House      ☐ Apartment

- ☐ Proposed New Construction
- ☐ Alteration of Existing House
- ☐ Other (Please Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant own house?      ☐ Yes      ☐ No

Is applicant buying house?      ☐ Yes      ☐ No

Is applicant leasing house?      ☐ Yes      ☐ No

**Note:** If house is being leased, submit copy of lease.

**SECTION VI – COMPLIANCE WITH RULES**

Have you read, and do you understand, the Community Residential Facilities Council Rules?  
(431 IAC 1.1, 431 IAC 3.1 and 431 IAC 4) ☐ Yes ☐ No

Will you comply with all laws and rules of the Community Residential Facilities Council as they pertain to the operation of licensed residential facilities for the developmentally disabled? ☐ Yes ☐ No

Does this home agree not to discriminate based on race, color creed, or national origin as provided for in operational policies? ☐ Yes ☐ No

**SECTION VII – CERTIFICATION OF APPLICATION**

I swear or affirm that all statements made in this application and any attachments thereto are correct to the best of my knowledge, and that I will comply with all laws and rules governing the licensing of residential facilities for the developmentally disabled in Indiana.

Name of authorized representative (typed)

Title

Signature

Date

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Name of Applicant or Recipient

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Mail Form to:  
DHHS/Office for Civil Rights  
Office of Program Operations  
Humphrey Building, Room 509F  
200 Independence Ave., S.W.  
Washington, D.C. 20201